## APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT

If You Need Addit	ional Space, Continue	Under "Remarks'	Listing Item	Number			
1. Name Last, First, Middle Initial Mr. 1	Miss. Mrs. Ms.	2.	Phone Number	3. Social	Security Number		
4. Present Address			5. Place of	f Birth			
6. Other Names Previously Used for Employme	nt Purposes 7. D	Date of Birth	City				
	•		State  Foreign Cour	atur.			
GENERAL			Foreign Cour	шу			
8. Are you a U.S. Citizen? YES NO	— If not, give the Country of	f your citizenship					
a. Were you ever a Federal civilian employee?	YES □ NO □	<ul><li>For highest of</li></ul>	civilian grade giv	ve:	/		
b. Are you receiving a Federal annuity	YES NO [	7		series	grade		
10. Do you have any relatives that are Judges, Of		_	s? If so, give th	eir names, positions	and relationships to		
you.	neers of employees of the	omica states cour	.s. 11 50, give th	ien names, positions,	and relationships to		
11. Have you ever been discharged from a position	n or acked to recion unde	or the threat of discha	rge? YES	□ NO □ If	yes, explain under		
Remarks at the end of this form.	ii or asked to resign unde	i the threat of this cha	ige: TES		yes, explain under		
12. Have you ever been convicted? YES .	NO [] (You may omi	t: (1) offenses comm	nitted before you	ır 18 <sup>th</sup> birthday and a	ndjudicated under a		
juvenile offender law; (2) offenses adjudicate violations for which you paid a fine of \$100 c					ed; (4) minor traffic		
EDUCATION							
12. a. Do you have a high school diploma or G.E	L.D. YES	□ NO □	If yes, Date of Com	pletion			
b. Name and location of colleges or	Dates Attended	Number of	Degree	Date Received	Grade Point		
attended (including law schools)		Credit Hours  Quarter Semester	r		Average and/or scholastic standing		
Chief Undergraduate Subjects	Credit Hours			Credit Hours			
	Quarter Semester		Quarte Seme		Quarte Semest		
Special skills, accomplishments, awards, ho	nore frotomities cororiti	as & societies (Spec	ify) YES	П  по П	1		
special skins, accompnishments, awards, no	mors, traterinues, sororiu	es & societies (Spec	ily) i ES				
Other schools or training such as trade, voc		r business. Give for	each: Name an	d location of school,	dates attended,		
subject studied, certificates, and any other p	bertinent data.						
MILITARY SERVICE							
14. a. Have you ever served on active duty with the milita	ry? YES	NO 🗌 If	yes, attach a cop	by of DD 214, Notice	e of Separation.		
b. Are you retired from military service? YE	S NO						
APPLICANTS FOR LEGAL POSITION	S						
15. a. Are you admitted to the Bar? YES	NO  If yes, list	the Bar(s) to which a	dmitted and date	es of admission:			
Is your Bar membership	Inactive						
b. Did you attend a Bar review course? YES NO List type of course:							
Dates Attending: From: To							

## **WORK EXPERIENCE**

Including experience while in military service.

(Start with your present position and work back 10 years. Use additional page if necessary.)

From: T	tes of Employment (month, day, year)  Number of hours worked		Exact Title of Your Position		
10111.	To	per week:			
Salary or Earnings		Classification Grade/Level	Place of Employment	Kind of Business or	
Starting \$ P	er	_	City	Organization	
Final \$ P	Per		State or	_	
	<u> </u>	_	Country		
fame and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Supervisor			
usiness Telephone: Area Code Number		Number of Employees Supervised			
Reason for Leaving			L		
Description of Work					
3 Dates of Employment (month, day	v. vear)	Number of hours worked	Exact Title of Your Position		
	°o	per week:			
Salary or Earnings		Classification Grade/Level	Place of Employment	Kind of Business or	
starting \$ P	Per	(If in Federal Service)	City		
Final \$ P	Per			_	
			State	<u> </u>	
une and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor		
	Business Telephone: Area Code Number		Number of Employees Supervised		
Business Telephone: Area Code					
Reason for Leaving					
Reason for Leaving					
Reason for Leaving					
Reason for Leaving					
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Reason for Leaving					
Business Telephone: Area Code Reason for Leaving Description of Work					
Reason for Leaving  Description of Work	for continuation of ans	wave. List the number of items h	oing continued		
Reason for Leaving  Description of Work	for continuation of ans	wers. List the number of items b	eing continued.)		
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Reason for Leaving  Description of Work	for continuation of ans	wers. List the number of items b	eing continued.)		
Reason for Leaving Description of Work		wers. List the number of items b	being continued.)		

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE DATE SIGNED

## **CONTINUATION SHEET A0-78**

Dates of Employment (month, day, year)	per week:	Exact Title of Your Position		
From: To Salary or Earnings	Classification Grade/Level	Place of Employment	Kind of Business or	
Starting \$ Per	(If in Federal Service)	City	Organization	
Final \$ Per		State		
Name and Address of Employer (firm, organization, etc.)	)	Name and Title of Immedia	— Late Supervisor	
Business Telephone: Area Code Number		Number of Employees Supervised		
Reason for Leaving				
Description of Work				
Dates of Employment (month, day, year)	Number of hours worked	Exact Title of Your Position		
From: To	per week:			
Colour, on Formings	Classification Grade/Level	Place of Employment	Kind of Business or	
Starting \$ Per Final \$ Per	(If in Federal Service)	City	Organization	
		State	_	
Name and Address of Employer (firm, organization, etc.)	)	Name and Title of Immediate Supervisor		
Business Telephone: Area Code Number	Number of Employees Supervised			
Reason for Leaving				
Description of Work				
2 total publication of the state of the stat				
Dates of Employment (month, day, year)	Number of hours worked	Exact Title of Your Position		
From: To	per week:			
Salary or Earnings	Classification Grade/Level	Place of Employment	Kind of Business or	
Starting \$ Per Per Per	(If in Federal Service)	City	Organization	
riiai \$ rei		State	_	
Name and Address of Employer (firm, organization, etc.)	)	Name and Title of Immedia	ate Supervisor	
Business Telephone: Area Code Number	Number of Employees Supervised			
Reason for Leaving				
Description of Work				